

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

\_\_\_\_\_

2. Business Name Green Springs Medical, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address \_\_\_\_\_

Hot Springs, Arkansas 71913

Business telephone number (501) 623-4784

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 18, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Dragan Vicentic

Registered Agent Address 3621 Central, Ave., Hot Springs, AR 71913

4. List all owners, stockholders, shareholders, members, officers, and board members of proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

Percentage Ownership	Name	Title / Board Position
60%	_____	CEO/Board Chairman
40%	_____	Security Manager/Vice Chariman
0%	_____	COO
0%	_____	CFO
0%	_____	D. Pharmacist Consultant/Board member
0%	_____	Board member

(SEE ATTACHED FLOW CHART)

## APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

\_\_\_\_\_  
 \_\_\_\_\_

2. Business Name
- CARROLL COUNTY HOLDINGS, INC.

Fictitious Trade Name (if any) EUREKA GREEN

Business Mailing Address \_\_\_\_\_

EUREKA SPRINGS, AR 72632Business telephone number 479-981-0486

3. Business entity type
- S CORP.
- MEDICAL MARIJUANA DISPENSARY

Date of business formation or incorporation 4/21/17State(s) of Incorporation ARRegistered Agent Name DAN BELLRegistered Agent Address 690 CR 140, EUREKA SPRINGS, AR 72632

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

SEE SECTION A. NUMBER 4 ATTACHED  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. County of Proposed Location
- CARROLL COUNTY

6. City of Proposed Location (If inside city limits)
- EUREKA SPRINGS, AR

AUC

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7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

NO

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

NO

Certification

I, [REDACTED], [REDACTED], [REDACTED], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

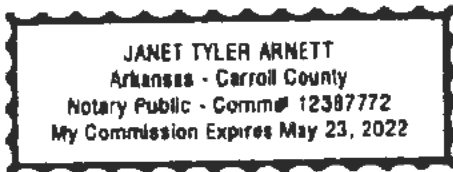
Signed this 29th day of August, 2017.

[REDACTED]  
Signature of Applicant

Subscribed and sworn to before me this 29th day of August, 2017.

Janet Tyler Arnett  
Notary Public

My Commission Expires: May 23, 2022



**APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY**  
**SECTION A. GENERAL INFORMATION**

**1. Name of Applicant (Must be a natural person.)**

[REDACTED]

**2. Business Name**

Natural State Agronomics Inc.

**Fictitious Trade Name (if any)**

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**Business Mailing Address**

[REDACTED]  
Little Rock, Arkansas 72223

**Business Telephone Number**

501-868-8278

**3. Business entity type**

Arkansas Corporation

**Date of business formation or incorporation**

May 15, 2017

**State(s) of Incorporation**

Arkansas

**Registered Agent Name**

James Kenneth Shollmier

**Registered Agent Address**

13925 Beau Vue Drive  
Little Rock, Arkansas 72223

List all owners, stockholders, shareholders, members, offices, and board members of the proposed cultivation facility. Identify the nature of the individual's or corporation's affiliation with the proposed cultivation facility and the percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in

**the proposed cultivation facility is accounted for in this section.** (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A, Number 4.")

Owners: [REDACTED] and [REDACTED]

Stockholders and Shareholders: [REDACTED] and [REDACTED]

Officers and Directors: [REDACTED], President and Chairman of the

Board of Directors: [REDACTED], Secretary, Treasurer and Member of the Board of Directors

*(See Section A, Number 4. – Attachment (Natural State Agronomics Inc. Stock Certificates and Corporate Documents))*

4. **County of Proposed Location** Jefferson County, Arkansas.

5. **City of Proposed Location** (If inside the city limits)

Redfield, Jefferson County, Arkansas.

6. **Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.**

No.

7. **Has the applicant or business entity filed, or does the applicant or business entity intend to file an application for a dispensary license, under the same or a different name? If so, please provide the location(s) and any other name under which the application(s) will be made.**

Yes. The applicant has filed an application for a dispensary license under the same name to be located at [REDACTED] Little Rock, Pulaski County, Arkansas.

8. **Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary.** No.

Certification

I, [REDACTED], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 1st day of September, [REDACTED]

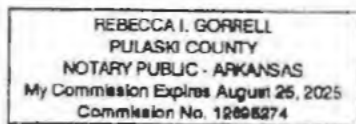
Signature of Applicant

Subscribed and sworn to before me this 1st day of September, 2017.

Rebecca I. Gorrell

Notary Public

My Commission Expires: 8-25-25



00024

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

[REDACTED]

2. Business Name Little Rock Organics, Inc

Fictitious Trade Name (if any) \_\_\_\_\_

Business Mailing Address [REDACTED] Little Rock, Ar 72223

Business telephone number 501-960-3405

3. Business entity type Sub S Corp

Date of business formation or incorporation 8-07-2017

State(s) of Incorporation Arkansas

Registered Agent Name Nadeem A Siddique

Registered Agent Address 16 Menden Lane Little Rock, Ar 72223

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

[REDACTED] - Female- Owner- %51

[REDACTED] Male- Owner- %44

[REDACTED] %5

5. County of Proposed Location Pulaski

6. City of Proposed Location (If inside city limits) Little Rock

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

NO

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

NO



Certification

I, \_\_\_\_\_, certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 22<sup>nd</sup> day of AUGUST



Signature of Applicant

Subscribed and sworn to before me this 22<sup>nd</sup> day of August, 2017

[Signature]  
Notary Public

My Commission Expires: 2-19-2022





**APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY****SECTION A. GENERAL INFORMATION**

1. **Name of Applicant** (Must be a natural person.)

\_\_\_\_\_

2. **Business Name** Little Rock Organics, Inc

**Fictitious Trade Name (if any)** \_\_\_\_\_

**Business Mailing Address** \_\_\_\_\_ Little Rock, Ar 72223

**Business telephone number** 501-960-3405

3. **Business entity type** Sub S Corp

**Date of business formation or incorporation** 8-07-2017

**State(s) of Incorporation** Arkansas

**Registered Agent Name** Nadeem A Siddique

**Registered Agent Address** 16 Menden Lane Little Rock, Ar 72223

**4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed cultivation facility. Identify the nature of the individual's or corporation's affiliation with the proposed cultivation facility and the percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed cultivation facility is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")**

A horizontal bar chart with three bars. The first bar is blue and labeled '- Female- Owner- %51'. The second bar is red and labeled '- Male- Owner- %44'. The third bar is green and labeled '%5'. The x-axis represents the percentage of owners, ranging from 0 to 100.

Category	Percentage
Female Owner	51%
Male Owner	44%
Unlabeled	5%

5. County of Proposed Location Pulaski

6. City of Proposed Location (If inside city limits) Little Rock

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

N/A

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for

**APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY**

**SECTION A. GENERAL INFORMATION**

1. Name of Applicant (Must be a natural person.)

[REDACTED]

2. Business Name BOLD Team, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address

[REDACTED]  
North Little Rock, 72116

Business telephone number 870-540-7503

3. Business entity type LLC

Date of business formation or incorporation 07/13/2017

State(s) of Incorporation Arkansas

Registered Agent Name Corporation Service Company

Registered Agent Address 300 Spring St., Ste. 900, Little Rock, AR 72201

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed cultivation facility. Identify the nature of the individual's or corporation's affiliation with the proposed cultivation facility and the percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed cultivation facility is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

\_\_\_\_\_, Owner, 24.5%

\_\_\_\_\_, Owner, 25.5%

\_\_\_\_\_, Owner, 24.5%

\_\_\_\_\_, Owner, 25.5%

5. County of Proposed Location Woodruff

6. City of Proposed Location (If inside city limits) Cotton Plant

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for

dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No

Certification

I, [REDACTED], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

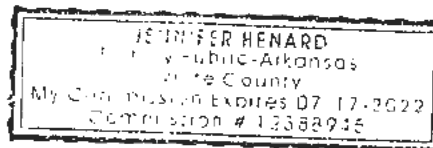
Signed this 5 day of September, 2017.

[REDACTED]  
Signature of Applicant

Subscribed and sworn to before me this 5 day of September, 2017.

Jennifer Henard  
Notary Public

My Commission Expires: July 17, 2022



## APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

## Section A. Number 1.

Name of Applicant (Must be a natural person.) [REDACTED]

## Section A. Number 2.

Business Name 2600 Holdings LLCFictitious Trade Name (if any) Southern RootsBusiness Mailing Address [REDACTED]Little Rock AR 72202Business telephone number 501-681-5917

## Section A. Number 3.

Business entity type LLCDate of business formation or incorporation July 7, 2017State(s) of Incorporation ArkansasRegistered Agent Name Daniel RogersRegistered Agent Address 1 Allied Drive Suite 1125Little Rock AR 72202

## SECTION A. Number 4.

██████████	20%	Managing Member	R:R
██████████	5%	Managing Member	R:R
██████████	23.50%	Managing Member	R:R
██████████	5.25%	Managing Member	R:R
██████████	12.25%	Member	R:R
██████████	3%	Member	R:R
██████████	3%	Member	R:R
██████████	2%	Member	R:R
██████████	2%	Member	R:R
██████████	1%	Member	R:R
██████████	1%	Member	R:R
██████████	10%	Member	R:R
██████████	3.5%	Member	R:R
██████████	3%	Member	R:R
██████████	3%	Member	R:R
██████████	2.5%	Member	R:R

## SECTION A. Number 5.

County of Proposed Location Pulaski County

## SECTION A. Number 6.

City of Proposed Location (If inside city limits) Jacksonville

**SECTION A. Number 7.**

Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No

**SECTION A. Number 8.**

Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No

**Certification**

I, [REDACTED], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

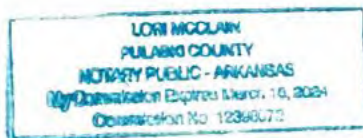
Signed this 29 day of August, 2017

X  
[REDACTED]  
Signature of Applicant

Subscribed and sworn to before me this 29<sup>th</sup> day of AUGUST, 2017

Lori McClain  
Notary Public

My Commission Expires: MARCH 18, 2024





**APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY****SECTION A. GENERAL INFORMATION**

1. **Name of Applicant** (Must be a natural person.)

[REDACTED]

2. **Business Name** NEA Full Spectrum Cultivators, LLC

**Fictitious Trade Name (if any)** NEA Full Spectrum

**Business Mailing Address** [REDACTED] Piggott, Arkansas 72454

**Business telephone number** (870)324-1733

3. **Business entity type** Limited Liability Company

**Date of business formation or incorporation** May 08, 2017

**State(s) of Incorporation** Arkansas

**Registered Agent Name** Gerald Scot Sale

**Registered Agent Address** 535 North 12th Ave, Piggott Arkansas 72454

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ABC

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed cultivation facility. Identify the nature of the individual's or corporation's affiliation with the proposed cultivation facility and the percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed cultivation facility is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

\_\_\_\_\_, President 11.25% ownership .  
 \_\_\_\_\_, Vice President 0% ownership .  
 \_\_\_\_\_ Secretary/Treasurer 11.25% ownership  
 \_\_\_\_\_, Member 22.5% ownership .  
 \_\_\_\_\_ Member 11.25% ownership .  
 \_\_\_\_\_, Member 0% ownership .  
 \_\_\_\_\_, Member 11.25% ownership .  
 \_\_\_\_\_, Member 11.25% ownership .  
 \_\_\_\_\_, Member 11.25% ownership .  
 \_\_\_\_\_ Member 10% ownership  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. County of Proposed Location Clay County

6. City of Proposed Location (If inside city limits) N/A

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for

**dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.**

Yes, the members listed in number 4 are also applying for a dispensary license  
in the name of NEA Full Spectrum Medicine, LLC

Certification

I, [redacted], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 28<sup>th</sup> day of August, 2017.

[redacted signature]

Subscribed and sworn to before me this 28<sup>th</sup> day of August, 2017.

Billie Jo Cole  
Notary Public

My Commission Expires: Dec 15, 2024



00029

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

[REDACTED]

2. Business Name NEA Full Spectrum Cultivators, LLC

Fictitious Trade Name (if any) NEA Full Spectrum

Business Mailing Address [REDACTED] Rector Arkansas 72461

Business telephone number (870)324-1733

3. Business entity type Limited Liability Company

Date of business formation or incorporation May 08, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Gerald Scot Sale

Registered Agent Address 535 North 12th Avenue, Piggott Arkansas 72454

4. List all owners, stockholders, sharcholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

[REDACTED]	President 11.25% ownership
[REDACTED]	Vice President 0% ownership
[REDACTED]	Secretary/Treasurer 11.25% ownership
[REDACTED]	Member 22.5% ownership
[REDACTED]	Member 11.25% ownership
[REDACTED]	Member 0% ownership
[REDACTED]	Member 11.25% ownership
[REDACTED]	Member 11.25% ownership
[REDACTED]	Member 11.25% ownership
[REDACTED]	Member 10% ownership

5. County of Proposed Location Clay County

6. City of Proposed Location (If inside city limits) N/A

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ABC

00029

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

Yes, the members listed in number 4 are also applying for a cultivation license  
in the name of NEA Full Spectrum Cultivators, LLC

Certification

\_\_\_\_\_, certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 29 day of August, 2017.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this 29th day of August, 2017.

Billiejo Cole  
Notary Public

My Commission Expires: Dec 15, 2024



00030

**APPLICATION FOR MEDICAL MARIJUANA DISPENSARY**

**SECTION A. GENERAL INFORMATION**

**1. Name of Applicant (Must be a natural person.)**

[REDACTED], Green Apple Blossoms

**2. Business Name**

Green Apple Blossoms

**Fictitious Trade Name (if any)**

None

**Business Mailing Address**

[REDACTED]; Jonesboro, AR 72404

Once operational: [REDACTED]; Jonesboro, AR 72401

**Business telephone number**

[REDACTED]

**3. Business entity type**

Limited Liability Corporation (Type S)

**Date of business formation or incorporation**

August 1, 2017

**State(s) of Incorporation**

Arkansas

**Registered Agent Name Registered Agent Address**

Northwest Registered Agent, LLC

701 South Street, Suite 100; Mountain Home, AR 72653

- 4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")**

██████████, CEO, Owner @ 9%

██████████, CMO, Owner @ 15%

██████████, VP of Sales, Owner @ 15%

██████████, RN, Arkansas Owner @ 1%

██████████, Manager, Arkansas Owner @ 60%

- 5. County of Proposed Location**

Craighead County, Arkansas

- 6. City of Proposed Location (If inside city limits)**

Jonesboro, Arkansas

- 7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.**

No, we will only be filing for one location in Jonesboro, AR.

- 8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.**

00030

No, there are no relationships with any other applicants for the State of Arkansas.

**Certification**

I, [REDACTED], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

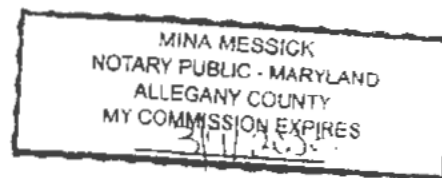
Signed this 22<sup>nd</sup> day of August, 2017.

[REDACTED] Signature of Applicant

Subscribed and sworn to before me this 22<sup>nd</sup> day of August, 2017.

Mina Messick Notary Public

My Commission Expires: 3/9/2020



3/9/2020



00031

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

[REDACTED]

2. Business Name DOCTOR'S ORDERS RX, INC

Fictitious Trade Name (if any)

Business Mailing Address [REDACTED] Mayflower, AR  
72106

Business telephone number 501-690-9464

3. Business entity type For Profit Corporation

Date of business formation or incorporation 5/26/17

State(s) of Incorporation Arkansas

Registered Agent Name Donald L. Sears

Registered Agent Address 47 River Road West, Mayflower, AR 72106

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

[REDACTED]	[REDACTED]	owner,	100%

5. County of Proposed Location

Garland

6. City of Proposed Location (If inside city limits)

00031

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No

[Redacted] Certification

[Redacted], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 5<sup>th</sup> day of September, 2017



[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 5<sup>th</sup> day of September, 2017

Lisa A. Hegeman  
Notary Public

My Commission Expires: 7/13/2019

00032

## APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

[REDACTED]

2. Business Name PAIN FREE RX, INC

Fictitious Trade Name (if any)

Business Mailing Address [REDACTED], Mayflower, AR

72106

Business telephone number 501-803-9525

3. Business entity type For Profit Corporation

Date of business formation or incorporation 5/18/17

State(s) of Incorporation Arkansas

Registered Agent Name Mary F. Sears

Registered Agent Address 47 River Road West, Mayflower, AR 72106

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

[REDACTED]	[REDACTED]	owner,	100%

5. County of Proposed Location

Jefferson

6. City of Proposed Location (If inside city limits) Pine Bluff

00032

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No

[Redacted] location

I certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 5<sup>th</sup> day of September 2017

[Redacted Signature]

Signature of Applicant



Subscribed and sworn to before me this 5<sup>th</sup> day of September, 2017.

Lisa A. Hegeman  
Notary Public

My Commission Expires: 7/13/2019

00033

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

\_\_\_\_\_

2. Business Name 420 RX, INC \_\_\_\_\_

Fictitious Trade Name (if any) \_\_\_\_\_

Business Mailing Address \_\_\_\_\_, Conway, AR \_\_\_\_\_

Business telephone number \_\_\_\_\_ 501-472-4424 \_\_\_\_\_

3. Business entity type \_\_\_\_\_ For Profit Corporation \_\_\_\_\_

Date of business formation or incorporation \_\_\_\_\_ 8/4/17 \_\_\_\_\_

State(s) of Incorporation \_\_\_\_\_ Arkansas \_\_\_\_\_

Registered Agent Name \_\_\_\_\_ Adam Harrison \_\_\_\_\_

Registered Agent Address \_\_\_\_\_ 1307 Main St. Conway, AR 72034 \_\_\_\_\_

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

\_\_\_\_\_  
\_\_\_\_\_, Owner, 100%  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. County of Proposed Location

\_\_\_\_\_ Pope \_\_\_\_\_

6. City of Proposed Location (If inside city limits) \_\_\_\_\_ Russellville \_\_\_\_\_

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No

#### Certification

I, [REDACTED], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 5<sup>th</sup> day of September, 2017.

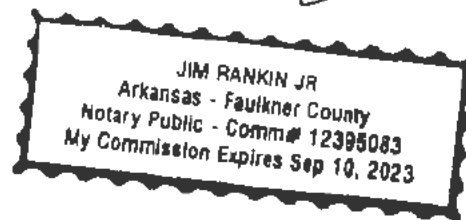
[REDACTED]

Signature of Applicant

Subscribed and sworn to before me this 5<sup>th</sup> day of September, 2017.

Jim Rankin Jr  
Notary Public

My Commission Expires: 9/10/23



00034

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

[REDACTED]

2. Business Name Delta MMJ

Fictitious Trade Name (if any) \_\_\_\_\_

Business Mailing Address

West Memphis, AR 72301

Business telephone number

3. Business entity type Sole Proprietor

Date of business formation or incorporation 8 - 15 - 2017

State(s) of Incorporation n/a

Registered Agent Name n/a

Registered Agent Address n/a

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A, Number 4.")

[REDACTED] 100%

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5. County of Proposed Location Crittenden

6. City of Proposed Location (If inside city limits) West Memphis

00034

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No

### Certification

I, [REDACTED], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

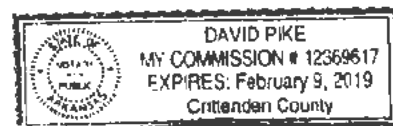
Signed this 5 day of SEPTEMBER, 2017.

[REDACTED]  
Signature of Applicant

Subscribed and sworn to before me this 5<sup>th</sup> day of Sept, 2017.

[Signature]  
Notary Public

My Commission Expires: 2-9-19





00035

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

\_\_\_\_\_

2. Business Name THC RX, Inc. \_\_\_\_\_

Fictitious Trade Name (if any) \_\_\_\_\_

Business Mailing Address 300 East Third St, Suite 1002 Little Rock, AR  
72201 \_\_\_\_\_

Business telephone number \_\_\_\_\_

3. Business entity type For Profit Corporation \_\_\_\_\_

Date of business formation or incorporation 5/18/17 \_\_\_\_\_

State(s) of Incorporation Arkansas \_\_\_\_\_

Registered Agent Name Todd Sears \_\_\_\_\_

Registered Agent Address 300 East Third St, Suite 1002 Little Rock, AR 72201 \_\_\_\_\_

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A Number 4.")

\_\_\_\_\_ owner, 100% \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. County of Proposed Location

Crittenden \_\_\_\_\_

6. City of Proposed Location (If inside city limits) West Memphis \_\_\_\_\_

00035

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No

certification

I, [REDACTED], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 5th day of September, 2013.

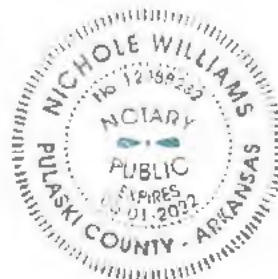
[REDACTED]  
Signature of Applicant

Subscribed and sworn to before me this 5 day of September, 2017.

Richard  
Notary Public

My Commission Expires:

June 01, 2022



## APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. **Name of Applicant :** D'James Rogers II
2. **Business Name** WestLeaf Med, LLC
- Fictitious Trade Name (if any)** \_\_\_\_\_
- Business Mailing Address** ██████████, West Memphis, AR 72301
- Business telephone number** 901-870-1058
3. **Business entity type** Limited Liability Company (Articles of Organization Attached)
- Date of business formation or incorporation** August 31, 2017
- State(s) of Incorporation** Arkansas
- Registered Agent Name** D'James Rogers II
- Registered Agent Address** 807 Wilson Road, West Memphis, AR 72301

4. **List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")**

██████████	✓	Member	49%
██████████		Member	11%
██████████		Member	20%
██████████		Member	20%

Portions of WestLeaf Med, LLC's Operating Agreement between members showing equity interest in the LLC is attached (First page, Signature Page, Capital Contribution Page).

5. **County of Proposed Location** Crittenden
6. **City of Proposed Location (If inside city limits)** West Memphis

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

NO

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

NO

Certification

I, [REDACTED] certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 7<sup>th</sup> day of September, 2017

[REDACTED]

Subscribe and sworn to before me this

7<sup>th</sup> day of September

Michael Acree  
Notary Public

My Commission Expires:



00037

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

**SECTION A. GENERAL INFORMATION**

1. **Name of Applicant (Must be a natural person.)**  
[REDACTED]
2. **Business Name** Emerald's Medical Marijuana Dispensary, Inc.  
**Fictitious Trade Name (if any)** N/A  
**Business Mailing Address** [REDACTED] Brookland, AR 72417  
**Business telephone number** (870) 897-5773
3. **Business entity type** Corporation  
**Date of business formation or incorporation** June 6, 2017  
**State(s) of Incorporation** Arkansas  
**Registered Agent Name** Richard E. Johnston  
**Registered Agent Address** 11131 Highway 49 North, Unit 6, Brookland, AR 72417
4. **List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")**  
[REDACTED]
5. **County of Proposed Location** Craighead
6. **City of Proposed Location (If inside city limits)** N/A
7. **Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.**  
No
8. **Is the Applicant or any owner, stockholder, shareholder, officer, or board member, in any way affiliated with any other application(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.**  
No

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## APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

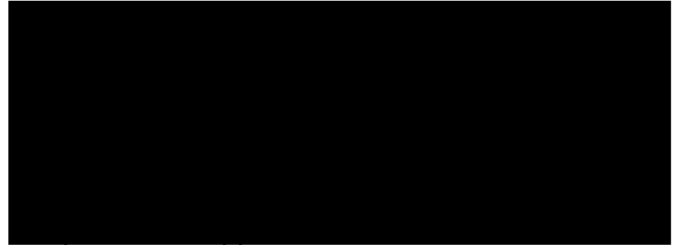
1. **Name of Applicant (Must be a natural person.)**  
[REDACTED]
2. **Business Name** Emerald's Medical Marijuana Dispensary, Inc.  
**Fictitious Trade Name (if any)** N/A  
**Business Mailing Address** [REDACTED] Brookland, AR 72417  
**Business telephone number** (870) 897-5773
3. **Business entity type** Corporation  
**Date of business formation or incorporation** June 6, 2017  
**State(s) of Incorporation** Arkansas  
**Registered Agent Name** Richard E. Johnston  
**Registered Agent Address** 11131 Highway 49 North, Unit 6, Brookland, AR 72417
4. **List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")**  
[REDACTED] (70% shareholder) and [REDACTED] 30% shareholder)
5. **County of Proposed Location** Craighead
6. **City of Proposed Location (If inside city limits)** N/A
7. **Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.**  
No
8. **Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other application(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.**  
No

00037

Certification

We, [REDACTED], certify that the information provided in this form and its attachments is complete and accurate. We understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 8 day of SEPT, 2017.



Subscribed and sworn to before me this 8th day of September, 2017.

Tera Beth Riga  
Notary Public

My Commission Expires: 11-4-23



00038

## APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

## SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)



2. Business Name
- Honest Herbs Cannabis Co.

Fictitious Trade Name (if any) \_\_\_\_\_

Business Mailing Address Jonesboro, AR 72401Business telephone number 870-219-6696

3. Business entity type
- LLC

Date of business formation or incorporation 3/32/17State(s) of Incorporation ArkansasRegistered Agent Name Mooney Law Firm P.A.Registered Agent Address 401 S. Main

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachment with the number for this response should include "Section A, Number 4.")

50%25%25%

5. County of Proposed Location
- Craighead

6. City of Proposed Location (If inside city limits)
- Jonesboro



00038

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

NO

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

[REDACTED] - HDM Enterprises Cultivation  
owner  
[REDACTED] - HDM Enterprises Cultivation  
owner

Certification

[REDACTED], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 8 day of September, 2017.

[REDACTED]

[Signature] Signature of Applicant

Subscribed and sworn to before me this 8 day of Sept, 2017.

[Signature]  
Notary Public

My Commission Expires: 2-17-2028



00039

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

2. Business Name Greener Findings LLC (Proposed)

Fictitious Trade Name (if any) Not applicable

Business Mailing Address Mountain Home, Arkansas 72653 (Proposed)

Business telephone number No phone number at this time

3. Business entity type Limited Liability Company (LLC) (Proposed)

Date of business formation or incorporation 2018 (Proposed)

State(s) of Incorporation Not Applicable

Registered Agent Name

Registered Agent Address Elizabeth, AR 72531

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

s 51% Owner

49% Owner

5. County of Proposed Location Baxter County, Arkansas

6. City of Proposed Location (If inside city limits) Mountain Home, Arkansas

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ALCO  
2017 SEP 11 P 12: 55

00039

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No, I do not intend to file an additional application at this time.

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No, I am not affiliated with any other applicants at this time.

Certification

I, [REDACTED], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

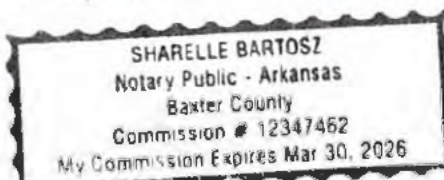
Signed this 25<sup>th</sup> day of August, 2017.

Signature of Applicant

Subscribed and sworn to before me this 25<sup>th</sup> day of August, 2017.

Notary Public

My Commission Expires: Mar 30 2026



00040

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

[REDACTED]

2. Business Name Fiddler's Green

Fictitious Trade Name (if any) Fiddler's Green LLC

Business Mailing Address [REDACTED] Mountain View, Arkansas 75260

Business telephone number 870-307-4646

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 21st, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Lisa Murphy

Registered Agent Address 418 North Bayou Drive Mountain View, Arkansas 75260

4. List all owners, stockholders, shareholders, members, officers, and board members of proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please ensure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A, Number 4.")

[REDACTED] 59% Owner, Managing Member

[REDACTED] 25% Owner, Member

[REDACTED] 11% Owner, Managing Member

[REDACTED] 2.5% Owner, Consultant

[REDACTED] 2.5% Owner, Consultant

5. County of Proposed Location Stone

6. City of Proposed Location (If inside city limits) N/A